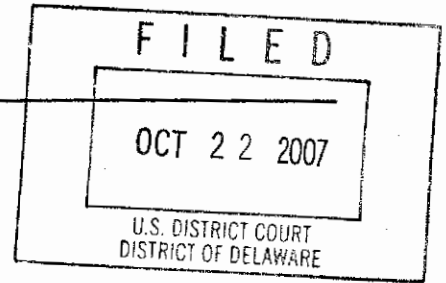


AO 240 (Rev. 10/03)
DELAWARE (Rev. 4/05)UNITED STATES DISTRICT COURT
DISTRICT OF DELAWAREAndre L. JACKSON

Plaintiff

V.

1-Thomas Carroll (See Attached sheet)

Defendant(s)

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVITCASE NUMBER: 07-663-I, Andre L. JACKSON declare that I am the (check appropriate box)

- • Petitioner/Plaintiff/Movant • • Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? • ☒ Yes • ☐ No (If "No" go to Question 2)

If "YES" state the place of your incarceration See Attached sheetInmate Identification Number (Required): See Attached sheetAre you employed at the institution? NO Do you receive any payment from the institution? NOAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? • • Yes • ☒ No
- a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer. N/A
- b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. N/A
3. In the past 12 months have you received any money from any of the following sources?

- | | | |
|---|--|---------------------------------------|
| a. Business, profession or other self-employment | • • Yes | • <input checked="" type="radio"/> No |
| b. Rent payments, interest or dividends | • • Yes | • <input checked="" type="radio"/> No |
| c. Pensions, annuities or life insurance payments | • • Yes | • <input checked="" type="radio"/> No |
| d. Disability or workers compensation payments | • • Yes | • <input checked="" type="radio"/> No |
| e. Gifts or inheritances | • • Yes | • <input checked="" type="radio"/> No |
| f. Any other sources | • <input checked="" type="radio"/> Yes | • • No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive. Family (2) I ~~don't~~ ~~know~~

Defendants - (1) Thomas Carroll
(2) David Pierce
(3) David Holman
(4) Ronnie Drake
(5) Carl Denberg
(6) Bryan D. Andrews
(7) Ramon Carter
(8) Monica Watson
(9) Madeline Lynch

AO 240 Reverse (Rev. 10/03)
DELAWARE (Rev. 4/05)

4. Do you have any cash or checking or savings accounts? • • Yes * No
- If "Yes" state the total amount \$ N/A
5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? • • Yes * No
- If "Yes" describe the property and state its value. N/A
6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable. N/A

I declare under penalty of perjury that the above information is true and correct.

10-16-07
DATE

Andre L. Jackson
SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

TO: Andre Jackson SBI#: 245387
 FROM: Stacy Shane, Support Services Secretary
 RE: 6 Months Account Statement
 DATE: September 6, 2007

Attached are copies of your inmate account statement for the months of
March 1, 2007 to August 31, 2007

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>March</u>	<u>41.34</u>
<u>April</u>	<u>19.77</u>
<u>May</u>	<u>1.76</u>
<u>June</u>	<u>0</u>
<u>July</u>	<u>0</u>
<u>Aug</u>	<u>0</u>

Average daily balances/6 months: 10.48

Attachments

CC: File

Stacy Shane
9/6/07

Jeanelle
9/6/07

Individual Statement From March 2007 to August 2007

Date Printed: 9/6/2007

Page 1 of 1

SBI 00245387	Last Name Jackson	First Name Andre	MI L	Suffix	Beginning Month Balance: \$53.12	Ending Month Balance: \$0.00
Current Location: INF					Comments:	

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
Canteen	3/6/2007	(\$8.86)	\$0.00	\$0.00	\$44.26	396288			
Canteen	3/9/2007	(\$0.67)	\$0.00	\$0.00	\$43.59	398678			
Canteen	3/20/2007	(\$9.95)	\$0.00	\$0.00	\$33.64	402095			
Canteen	4/3/2007	(\$9.95)	\$0.00	\$0.00	\$23.69	409460			
Canteen	4/17/2007	(\$9.82)	\$0.00	\$0.00	\$13.87	415884			
Canteen	5/1/2007	(\$10.00)	\$0.00	\$0.00	\$3.87	421949			
Canteen	5/15/2007	(\$3.74)	\$0.00	\$0.00	\$0.13	427967		5/16/07	
Medical	5/18/2007	\$0.00	(\$4.00)	\$0.00	\$0.13	430306		5/16/07	
Medical	5/18/2007	(\$0.13)	(\$3.87)	\$0.00	\$0.00	430386		INDIGENT 8/14/07	
Supplies-MailPosta	8/20/2007	\$0.00	\$0.00	(\$2.84)	\$0.00	474299			
					Ending Month Balance:				
					\$0.00				

Total Amount Currently on Medical Hold: (\$3.87)

Total Amount Currently on Legal Hold: \$0.00

Total Amount Currently on Restitution Hold: \$0.00

Total Amount Currently on Other Hold: (\$2.84)

UNIT: Andre L. Jackson
SBI# 245387 UNIT 17-C-L-7
DELAWARE CORRECTIONAL CENTER
1181 PADDOCK ROAD
SMYRNA, DELAWARE 19977

U.S.M.S.
X-RAY



Clerk U.S. District Court
Lock Box 18
844 N. King Street
Wilmington Delaware
19801